



				E CORPS I SMEDLEY				(800)	
C.	20 Mar 09			REPORT NO:			30-09		
IN TE:	20 Mar 09			TIME CALL	RECE	IVED:	N/A		
IN JUZINI IIME:	N/A			PHONE NO	:		N/A		
CALLER'S NAME:	N/A			CALLER'S	ORGA	NIZATION:	N/A		
RECEIVED BY:	N/A								
				TYPE OF A	CTION	l			
Tech Asst: U	XO	Х	Susp	oicious Itm		Rng Sweep		Trgt Inst/Ext	
Training: O	ther:								
	NO.	TIFICA	ATION	REQUIREME	NTS F	OR RESPONS	ES		
DURING D	OUTY HOURS	:				AFTER DU	JTY HOUF	RS:	
Base EOD Officer			Χ	Base EOD Of					
Base EOD SNCOIC			Χ	Base EOD SN	ICOIC				
(b)(3)and(6)				(b)(3)and(6)					
DA	TA REQUIRE	WENT	S FOR	EMERGENC	Y RES	SPONSE TO AI	N ACTUAL	_ ITEM	
	Item transpo	rted fr	om De	mo 1 to Demo	3 for	future EOD ope	erations.		
LOCATION ITEM FOUND OR RETRIEVED FROM:	Item retrieve	d from	n EOD	1					
ITEM DISPOSITION:	Item transpo	rted fr	om De	mo 1 to Demo	3 for	future EOD ope	erations.		
ITEM DISPOSAL LOCATION (If applicable):	N/A								
	DATA	REQ	UIREM	ENTS FOR T	ECHN	IICAL ASSISTA	NCE		
BRIEF DESCRIPTION OF THE ASSISTANCE RENDERED (Use Remarks section on page 3 if more space needed:	N/A								

				CL	ASS V(w)				
Class V(w) Used?	No	Х	Yes		(If yes, e	nsure attach ex	penditure repo	ort)	
TAMIS Control Number	TAMIS Control Number (If yes)								
	·								
				ATT	ACHMENTS				
CLASS V EXPENDITURE REPORT JAPANESE SHOT REPORT									
CLASS ROSTER PHOTOS									
OTHER:									
			TOOL	S AND S	SUPPORT REQU	IRED			
Robot					ARS				
Citadel					.50 Cal				
HAL Kit					NBC Gear				
Bomb Suit					Medical				
PAN Disruptor					Fire Departmer	nt			
Digital Camera					PMO/Local Aut				
TIME Out: 0700	TIME IN	:	13	320	TOTAL TIME:	6 HRS 20 MIN	TOTAL MAN HOURS:	25 HRS 20 MIN	
NIANAT			PE	RSONN	EL RESPONDIN	G	OT 4 TE 1 4 E 1	IT OLONIEDO	
NAME:							STATEMEN	IT SIGNED?	
(b)(3)and(6)									
(b)(3)and(6)									
(b)(3)and(6)									
(b)(3)and(6)							X (call sheet	)	
COMPLETED BY:					(b)(3)an	d(6)			
SIGNATURE:						DATE:	25	5 Mar 09	

	CHRONOLOGY OF EVENTS								
0700	Depart Camp Foster for Camp Hansen.								
0750	Arrive on Camp Hansen Demo 1								
	0755 EOD operations commence								
0840	'								
	0900 Arrive at Demo 3. EOD operations continue								
1200	Item staged for future EOD operations								
1215	EOD operations end. Depart Demo 3 for Camp Foster								
1320	Team arrives at Camp Foster. Op complete								
1020	ream arrives at earn't ester. Op complete								
	DIRECTIONS OR OTHER REMARKS								
	DIRECTIONS OR OTHER REMARKS								
	OUDEDWOOD!O OTATEMENT								
	SUPERVISOR'S STATEMENT								
one in a sa	and understand this SOP. To the best of my knowledge the operation described within this SOP can be e, healthful and sound manner. I have made sure all personnel assigned to this evolution are qualified								
one in a sand certified uring recurrence SOP is re	and understand this SOP. To the best of my knowledge the operation described within this SOP can be be, healthful and sound manner. I have made sure all personnel assigned to this evolution are qualified and have read the worker's statement for this process. I will conduct an annual review of this SOP ing operations. If deviations from this SOP are necessary, I will ensure this operation is stopped until								
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lone in a sar and certified luring recurr he SOP is re antil the haza DATE: have read, hazard not a notify my imi	worker's STATEMENT  WORKER'S STATEMENT  WORKER'S STATEMENT  Understand and have received the hazard control briefing. I will follow this SOP unless I identify a ddressed or encounter an operation I do not understand. If that occurs, I will stop this evolution and nediate supervisor of this problem.								
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	CAMP SMEDLEY D. BUTLER									
C.	12 Nov 08		REPORT N	O:		130-08				
IN TE:	14 Nov 08		TIME CALL	TIME CALL RECEIVED:						
INJUZINI IIME:	0600		PHONE NO	);		(b)(3)and(6)				
CALLER'S NAME:	(b)(3)and(6)		CALLER'S	ORGANIZ	ZATION:	USAE				
RECEIVED BY:										
			TYPE OF A	TYPE OF ACTION						
Tech Asst:	JXO	x Susp	oicious Itm	F	Rng Sweep		Trgt Inst/Ext			
Training:	Other:						-			
	NOT	TIFICATION	REQUIREME	NTS FOR	R RESPONSE	S				
DURING	DUTY HOURS:				AFTER DUT	Y HOUR	S:			
Base EOD Officer		Х	Base EOD Of	fficer						
Base EOD SNCOIC		Х	Base EOD St	NCOIC						
(b)(3)and(6)		Х	(b)(3)and(6)							
D.4	TA REQUIRE	MENTS EOD	EMEDGENO	V DESD	NISE TO AN	ACTUAL	ITEM			
ITEM DESCRIPTION:	(1) AN-M30A			,		71010712				
LOCATION ITEM FOUND OR RETRIEVED FROM:	Range 4 con	struction site	,							
ITEM DISPOSITION:	Demilitarized									
ITEM DISPOSAL LOCATION (If applicable):	Demo range	Demo range 1								
	DATA	REQUIREM	ENTS FOR T	TECHNIC	AL ASSISTAN	ICE				
BRIEF DESCRIPTION OF THE ASSISTANCE RENDERED (Use Remarks section on page 3 if more space needed:										

				CLA	ASS V(w)				
Class V(w) U	Ised?	No	Yes	Х	(If yes, e	ensure attach e	xpendit	ure repor	rt)
TAMIS Contr	rol Numb	er (If yes)	M202308	3110001	(see call shee	t 129-08 for ex	penditu	re report)	)
				ATTA	CHMENTS				
CLASS V EXPEN	CLASS V EXPENDITURE REPORT JAPANESE SHOT REPORT								
	CLASS ROSTER PHOTOS								
OTHER:	OTHER:								
			TOOL	C VND CI	JPPORT REQU	IIDEN			
Robot			1001	S AND SU	ARS	אוגבט			
Citadel					.50 Cal				
HAL Kit					NBC Gear				
Bomb Suit					Medical				
						n4			
PAN Disruptor					Fire Departme				
Digital Camera	a 0600	TIME IN	. 1	530	PMO/Local Authorities  TOTAL TIME: 9hrs 30 min TOTAL MAN 66 hrs 30				
TIIVIL Out.	0000	I IIVIL IIV	.	330	TOTAL TIVIL.	31113 30 111111		JRS:	min
			Pl	ERSONNE	L RESPONDIN	IG			
NAME:							STA	TEMENT	Γ SIGNED?
(b)(3)and(6)									
(b)(3)and(6)									
(b)(3)and(6)									
(b)(3)and(6)	(b)(3)and(6) Yes								
(b)(3)and(6)									
(b)(3)and(6)							Yes	call shee	t 129-08
OOMBI ETED	DV				4.15	140)			
COMPLETED					(b)(3)ar				Na 00
SIGNATURE:						DATE:		18	Nov 08

	CHRONOLOGY OF EVENTS							
0600	Demo team departs Camp Foster							
0700	Demo team arrives at Camp Schwab							
1100								
1130	All teams meet at Range 4 for safety brief burn team goes to Demo 1 to set up for and execute burn							
1430	All teams meet back up and depart Camp Hansen							
1530	Return to Camp Foster.							
	DIRECTIONS OR OTHER REMARKS							
done in a sa and certified during recu the SOP is	and understand this SOP. To the best of my knowledge the operation described within this SOP can be afe, healthful and sound manner. I have made sure all personnel assigned to this evolution are qualified and have read the worker's statement for this process. I will conduct an annual review of this SOP cring operations. If deviations from this SOP are necessary, I will ensure this operation is stopped until							
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done in a sa and certified during recu the SOP is until the haz DATE:	and understand this SOP. To the best of my knowledge the operation described within this SOP can be afe, healthful and sound manner. I have made sure all personnel assigned to this evolution are qualified and have read the worker's statement for this process. I will conduct an annual review of this SOP rring operations. If deviations from this SOP are necessary, I will ensure this operation is stopped until revised and approved. If unexpected safety hazards are found, I will make sure this evolution is stopped tards have been eliminated.  SUPERVISOR'S SIGNATURE:							





	CAMP SMEDLEY D. BUTLER								
C.	20 Nov 08		REPORT NO	O:	133-08	1			
IN (TE:	20 Nov 08		TIME CALL	RECEIVED:	NA				
INJUZZI IIME:	NA		PHONE NO	:	(b)(3)and(6)				
CALLER'S NAME:	(b)(3)and(6)		CALLER'S (	ORGANIZATION:	USAE				
RECEIVED BY:									
			TYPE OF A	TYPE OF ACTION					
Tech Asst: U	XO	x Susp	oicious Itm	Rng Sweep		Trgt Inst/Ext			
Training: O	ther:								
	NOT	IFICATION	REQUIREME	NTS FOR RESPONS	SES				
DURING I	OUTY HOURS:			AFTER DI	JTY HOUR	S:			
Base EOD Officer		Х	Base EOD Of	ficer					
Base EOD SNCOIC		Х	Base EOD SN	ICOIC					
(b)(3)and(6)			(b)(3)and(6)						
DA	TA REQUIREM	IENTS FOR	E EMERGENC	Y RESPONSE TO A	N ACTUAL	ITEM			
ITEM DESCRIPTION:	(1) 500lb bon	mb							
LOCATION ITEM FOUND OR RETRIEVED FROM:	Range 4 cons	struction site	;						
ITEM DISPOSITION:	The bomb wa	ıs demilitariz	zed.						
ITEM DISPOSAL LOCATION (If applicable):	Demo 1								
	DATA	REQUIREM	IENTS FOR T	ECHNICAL ASSIST	ANCE				
BRIEF DESCRIPTION OF THE ASSISTANCE RENDERED (Use Remarks section on page 3 if more space needed:									

CLASS V(w)											
Class V(w) U	Class V(w) Used? No Yes x (If yes, ensure attach expenditure report)								t)		
TAMIS Contr	ol Numb	er (If yes)	M202308	3240001	See Call Shee	t 132-08 for e	xpenditu	re report			
	ATTACHMENTS										
CLASS V EXPEN	CLASS V EXPENDITURE REPORT JAPANESE SHOT REPORT										
CLASS ROSTER	(				PHOTOS						
OTHER:											
			TOOL	S AND SI	IPPORT REQU	IIDEN					
Robot			1001		ARS						
Citadel					.50 Cal						
HAL Kit					NBC Gear						
Bomb Suit					Medical						
PAN Disruptor					Fire Departme	nt					
Digital Camera					PMO/Local Au						
TIME Out:	0600	TIME IN	1		TOTAL TIME:	10 Hrs	TOTAL HOU		70 Hrs		
			Di	EDSONNE	L RESPONDIN	IG.					
NAME:					L ILLOI ONDIN		STA	TEMENT	SIGNED?		
(b)(3)and(6)											
(b)(3)and(6)											
(b)(3)and(6)											
(b)(3)and(6)	(b)(3)and(6) X										
(b)(3)and(6)											
(b)(3)and(6)	(b)(3)and(6)										
(b)(3)and(6)											
OOMBI ETED	D)/					1/2					
COMPLETED					(b)(3)ar			04.5	Jan. 00		
SIGNATURE:						DATE:		24 N	Nov 08		

	CHRONOLOGY OF EVENTS								
0600	All teams link up at EOD shop on Camp Foster, demo team departs Camp Foster								
0650	Demo team arrives at ASP								
0930	Demo team departs ASP								
0935	The rest of the EOD team departs Camp Foster.								
1030	Both teams rendezvous at Demo 1.								
1200	(b)(3)and(6) remain at Demo 1to complete the demilitarization while the rest of the team departs for Range 4.								
1415	Both teams link back up at Demo 1								
1500	All teams depart from Camp Hansen.								
1600	All teams return to Camp Foster.								
	DIRECTIONS OR OTHER REMARKS								

### SUPERVISOR'S STATEMENT

I have read and understand this SOP. To the best of my knowledge the operation described within this SOP can be done in a safe, healthful and sound manner. I have made sure all personnel assigned to this evolution are qualified and certified and have read the worker's statement for this process. I will conduct an annual review of this SOP during recurring operations. If deviations from this SOP are necessary, I will ensure this operation is stopped until the SOP is revised and approved. If unexpected safety hazards are found, I will make sure this evolution is stopped until the hazards have been eliminated.

DATE:	SUPERVISOR'S SIGNATURE:

### **WORKER'S STATEMENT**

I have read, understand and have received the hazard control briefing. I will follow this SOP unless I identify a hazard not addressed or encounter an operation I do not understand. If that occurs, I will stop this evolution and notify my immediate supervisor of this problem.

DATE:	WORKER'S SIGNATURE:							





	CAMP SMEDLEY D. BUTLER						
C	21 Nov 08			REPORT NO	D:	134-0	)8
IN TE:	21 Nov 08		TIME CALL	RECEIVED:	NA		
INJEZNI IIME:	NA			PHONE NO	•	(b)(3)and	1(6)
CALLER'S NAME:	NA			CALLER'S C	ORGANIZATION:	NA	
RECEIVED BY:							
	<u>·</u>			TYPE OF A	CTION		
Tech Asst: U	XO	Х	Susp	picious Itm	Rng Sweep		Trgt Inst/Ext
Training: C	ther:					· ·	
	NO	TIFIC	ATION	REQUIREME	NTS FOR RESPONS	SES	
DURING I	DUTY HOURS	S:			AFTER DI	JTY HOL	IRS:
Base EOD Officer			Х	Base EOD Off	ficer		
Base EOD SNCOIC			Х	Base EOD SN	ICOIC		
(b)(3)and(6)				(b)(3)and(6)			
DA	TA DECILIDE	MENT	S FOR	PEMERGENC	Y RESPONSE TO A	N ACTII	AI ITEM
ITEM DESCRIPTION:	(2) 500lb bo	ombs					
LOCATION ITEM FOUND OR RETRIEVED FROM:	Demo 1						
ITEM DISPOSITION:	The AN-43's in the muse		sives v	were removed	and the bomb body w	was recov	vered for cleaning and use
ITEM DISPOSAL LOCATION (If applicable):	Demo 1						
	DATA	A REQ	UIREN	IENTS FOR T	ECHNICAL ASSIST	ANCE	
BRIEF DESCRIPTION OF THE ASSISTANCE RENDERED (Use Remarks section on page 3 if more space needed:							

				CL	ASS V(w)				
Class V(w) Used? No		Yes	Yes x (If yes, ensure attach expenditure repo					rt)	
TAMIS Control Number (If yes) M202308				3250001					
				ATTA	ACHMENTS				
CLASS V EXPENDITURE REPORT				Χ	JAPANESE SHOT REPORT				
CLASS ROSTER					PHOTOS				
OTHER:									
			TOOL	S AND S	UPPORT REQU	JIRED			
	Robot				ARS				
Citadel					.50 Cal				
HAL Kit				NBC Gear					
Bomb Suit				Medical					
PAN Disrupto	r				Fire Department				
Digital Camer	Digital Camera				PMO/Local Authorities				
TIME Out:	0400	TIME IN	1. 1.	400	TOTAL TIME:	10 Hrs	_	AL MAN URS:	60 Hrs
			PI	ERSONNI	EL RESPONDIN	IG			
NAME:					STA	STATEMENT SIGNED?			
(b)(3)and(6)									
(b)(3)and(6)									
(b)(3)¿									
(b)(3)and(6)									
(b)(3)and(6)									
(b)(3)and(6)									
COMPLETED	BY:				(b)(3):	and(6)			
SIGNATURE:								25	Nov 08

CHRONOLOGY OF EVENTS				
0400	Demo team departs Camp Foster.			
0500	Demo team arrives at ASP			
0630	The rest of the EOD team departs Camp Foster.			
0700	Demo team departs ASP			
0730	Both teams rendezvous at Demo 1.			
0845	Start EOD procedures.			
0900	(b)(3)and(6) remains at Range 2 to provide security while the rest of the team departs for Range 4.			
1015	Both teams link back up at Demo 1			
1150	Start of second EOD procedures.			
1300	All teams depart from Camp Hansen.			
1400	All teams return to Camp Foster.			
DIRECTIONS OR OTHER REMARKS				

### SUPERVISOR'S STATEMENT

I have read and understand this SOP. To the best of my knowledge the operation described within this SOP can be done in a safe, healthful and sound manner. I have made sure all personnel assigned to this evolution are qualified and certified and have read the worker's statement for this process. I will conduct an annual review of this SOP during recurring operations. If deviations from this SOP are necessary, I will ensure this operation is stopped until the SOP is revised and approved. If unexpected safety hazards are found, I will make sure this evolution is stopped until the hazards have been eliminated.

DATE:	SUPERVISOR'S SIGNATURE:		

### **WORKER'S STATEMENT**

I have read, understand and have received the hazard control briefing. I will follow this SOP unless I identify a hazard not addressed or encounter an operation I do not understand. If that occurs, I will stop this evolution and notify my immediate supervisor of this problem.

DATE:	WORKER'S SIGNATURE:	